12/07/2006 17:00

Image# 26930675941

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

(Choose One) Report Due On: May 20 (Ms) M	1.	NAME OF COMMITTEE (in full)		MAILING LAI OR PRINT		ample:If typing or the lines	, type			
ADDRESS (number and street) Chack if different than previously reported. (ACC) Coodsonoor Coodsonoo	L	Oklahoma State Medical Ass	ociation PA	AC			1 1 1			
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C00030007 3. IS THIS REPORT C00030007 4. TYPE OF REPORT (Choose One) (a) Quarterly Report(C1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q1) January 31 Quarterly Report(Q2) Cotober 15 Quarterly Report(Q2) Cotober 15 Quarterly Report(Q2) Cotober 15 Counterly Report(Q3) Lection on In the State of Convention (12C) Convention (12C) Convention (12C) Special (12G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Report for the: Election on In 0.7 2.0.0.6 In the State of Convention (12C) Special (12G) Cotoering Period 1. Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Barbara Jett Signature of Treasurer Electronically Filed by Barbara Jett Date FEC FORMON X	Ш		1 1 1	1 1 1 1						
than previously reported. (ACC) Codahoma City reported. (ACC) Codahoma City reported. (ACC) Codahoma City Codahoma Amenoted (Ma) Codahoma Codahoma City Codahoma Codahoma Codahoma Codahoma City Codahoma Codahoma Codahoma City Codahoma	ADI	DRESS (number and street)	PO Bo	x 54520						
2. FEC IDENTIFICATION NUMBER C00030007 3. IS THIS REPORT (N) OR (A) REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) Cotober 15 Quarterly Report(Q2) Quarterly Report(Q3) January 31 Quarterly Report(Q5) Termination Report (Choose One) (b) Monthly Report (D1) Quarterly Report(Q1) Quarterly Report(Q2) Cotober 15 Quarterly Report(Q3) January 31 Quarterly Report(Q6) Year Only) (MY) Termination Report (CE) Termi		Check if different								
C00030007 3. IS THIS REPORT X NEW OR AMENDED 4. TYPE OF REPORT (Choose One) (A) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Nor Election on the Convention of the	L		Oklaho	ma City				OK	73154	
4. TYPE OF REPORT (Choose One) (b) Monthly Report Peb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Elective Vear Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M8) (Non-Elective Vear Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Elective Vear Only) July 15 Quarterly Report(Q1) (c) 12-Day PRE-Election Quarterly Report(Q3) Jun 20 (M6) Sep 20 (M9) (Non-Elective Vear Only) July 15 Quarterly Report(Q2) PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12 Present) July 31 Mid-Year Report(Non-election Year Only) (MY) Post - Election on State of	2.	FEC IDENTIFICATION NUM	IBER 1	_	CITY 🛕		;	STATEA	ZIPO	CODE A
(Choose One) (April 15 Quarterly Report(Q1) Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q3) January 31 Quarterly Report(Non-election Year Only) (MY) PRE-Election Report for the: Convention (12C) Special (12G) Quarterly Report(Non-election Year Only) (MY) Termination Report (TER) Covering Period 1 0 1 2 0 0 6 Covering Period 1 0 0 1 2 0 0 6 Covering Period 1 0 0 1 2 0 0 6 Covering Period Teretify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Electronically Filed by Barbara Jett NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X Covering State of Sep 20 (M9) Note 20 (M10) Jun 20 (M6) Sep 20 (M9) Note 20 (M10) Dec 20 (M(Non-Election Yold) Page 20 (M9) Dec 20 (M(Non-Election Yold) Dec 20 (M(Non-Election Yold) Dec 20 (M(Non-Election Yold) Page 20 (M9) Dec 20 (M(Non-Election Yold) Dec 20 (M(Non-Election Yold) Page 20 (M9) Dec 20 (M(Non-Election Yold) Page 20 (M9) Dec 20 (M(Non-Election Yold) Page 20 (M9) Page 20 (C00030007								
(a) Quarterly Reports: Mar 20 (M3)	4.		`´ R	eport	Feb 20 (M2)		May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(VE) Beport for the: Convention (12C) Convention (12C) Convention (12C) Special (12G) PRE-Election Report for the: Convention (12C) Special (12G) In the State of State of Special (30G) Runoff (30R) Special (30G) Report for the: Election on 1 0 7 2 0 0 6 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Electronically Filed by Barbara Jett NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X		(a) Quarterly Reports:		ue On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Guarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Post - Election Report for the: Election on I 1 0 7 2 0 0 6 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Electronically Filed by Barbara Jett NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Financy (12P) General (12G) Runoff (12P) Runoff (12P) Report (12P) Runoff (12P		April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	t 20 (M10)	Jan 31 (YE)
Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) Special (12G) FRE-Election Report for the: Convention (12C) Special (12G) Flection on in the State of Special (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Special (30G) Runoff (30R) Special (30G) S		Quarterly Report(Q		(c) 12-Day PRE-Election		Primary (12P)	General	(12G)	Runoff (12R)
October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Post - Election X General (30G) Report for the: Election on 1		Quarterly Report(Q	2)			Convention (12C)		Special (12G)		1
Quartefly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) Jordan State of Autority (30 R) Report for the: Election on State of Report (30 R) Report for the: Election on 1 1 0 7 2 0 0 6 in the State of Ok State of Ok State of Autority (30 R) Special (30 R) Spe			3)						(
Report(Non-election Year Only) (MY) Post -Election X General (30G) Report for the: Covering Period 10 01 2006 11 07 2006 11 27 2006		January 31 Quarterly Report(Y	E)	I	Election on	L.,	L			
Termination Report (TER) Report for the: Election on 11 07 2006 in the State of Ok State		Report(Non-electio	n (d	•	tion X	General (300	3)	Bunoff (30B)	Special (30S)
Election on Election on State of State of State of Covering Period 1 0 01 2006 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Barbara Jett Signature of Treasurer Electronically Filed by Barbara Jett Date 1 2 07 2006 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X (Page 99/909)			t					, <u> </u>		
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Barbara Jett Signature of Treasurer Electronically Filed by Barbara Jett Date 12 07 2006 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X (Page 93/9009)		(TER)			Election on	11	0 7	2006	•	' UN I
Type or Print Name of Treasurer Barbara Jett Signature of Treasurer Electronically Filed by Barbara Jett Date 12 07 2006 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X (Page 93/2009)	5.	Covering Period 1 0	0	1 200	6	through	11	27	2006	
Signature of Treasurer Electronically Filed by Barbara Jett Date 12 07 2006 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use 12 07 2009	l ce	ertify that I have examined this I	Report and	to the best of i	ny knowledge	and belief it is	true, correct	and complete.		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use Office Use	Тур	Type or Print Name of Treasurer Barbara Jett								
Office Use FEC FORM 3X	Sig	nature of Treasurer Electro	nically Filed	d by Barbara	Jett		D	ate 12	0.7	2006
Office Use FEC FORM 3X	NO	TE : Submission of false, erro	neous, or ir	ncomplete infor	mation may su	bject the pers	on signing thi	s Report to the	e penalties of 2	U.S.C 437g.
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FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Oklahoma State Medical Association PAC [®] D ^b D 27 1.0 0 1 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 448031.49 [°]2006 January 1 (b) Cash on Hand at 556723.49 Begining of Reporting Period 26325.00 135017.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 583048.49 583048.49 6(a) and 6(c) for Column B) 519621.60 519621.60 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 63426.89 63426.89 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
Oklahoma State Medical Association PAC

Report Covering the Period:

From:

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2006

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2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	20550.00	90941.00
	(ii) Unitemized	5775.00	44076.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	26325.00	135017.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26325.00	135017.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26325.00	135017.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	26325.00	135017.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. D	ISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	g Expenditures: red Federal/Non-Federal		
	vity (from Schedule H4)	0.00	0.00
(i)	Federal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
` '	er Federal Operating enditures	0.00	0.00
(c) Tota	al Operating Expenditures	2.22	0.00
	d 21(a)(i), (a)(ii) and (b))	0.00	0.00
Committe	es	519621.60	519621.60
Federal (Candidates/Committeeser Political Committees	0.00	0.00
Independ	lent Expenditure	0.00	0.00
Coordina	edule E)ted Expenditures Made by Party		
(use Sch	ees (2 U.S.C. 441a(d)) edule F)	0.00	0.00
Loan Rep	payments Made	0.00	0.00
	ade	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		0.00	0.00
` '	tical Party Committees er Political Committees	0.00	0.00
(suc	ch as PACs)	0.00	0.00
` '	al Contribution Refunds d Lines 28(a), (b), and (c))	0.00	0.00
Other Di	sbursements	0.00	0.00
	Election Activity (2 U.S.C 431(20))		
	red Federal Election Activity		
,	n Schedule H6)	0.00	0.00
(I) F	ederal Share		
	'Levin" Share	0.00	0.00
` '	eral Election Activity Paid Entirely Federal Funds	0.00	0.00
	l Federal Election Activity (add es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sbursements (add Lines 21(c), 22,	E10001 00	E10001 0
23, 24, 2	25, 26, 27, 28(d), 29 and 30(c))	519621.60	519621.60
	ederal Disbursements		
•	t Line 21(a)(ii) from Line 30(a)(ii) e 31)	519621.60	519621.60
HOIH LIH	G G1 j	313021.00	313021.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26325.00	135017.00
44. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26325.00	135017.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 26
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI EIIIIEED TIEGEII 10			Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 19 19 19 19 19 19 19
۸۰	y information copied from such Reports and St			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Oklahoma State Medical Association F	PAC		
A.	Full Name (Last, First, Middle Initial) MD Ron Barber			Date of Receipt
	Mailing Address 2004 Stratford Ct.			11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.7679
	Ardmore	OK	73401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer self	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	-
	Primary General	199.194		1
	Other (specify) ▼		400.00	
_				
В.	Full Name (Last, First, Middle Initial) Jenny Boyer, MD			Date of Receipt
	Mailing Address 3707 Hidden Hill Rd.	1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.7746
	Norman	OK	73072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer ODMHSSA	Occupation	n	OMPAC contribution
	ODMHSSA	psychiatr	у	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Edward Brandt, MD			Date of Receipt
	Mailing Address 805 NE42nd St.			11
	City	State	Zip Code	Transaction ID: SA11A1.7673
	Oklahoma City	OK	73105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer OUHSC	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼			400.00	1
			400.00	
[c	UBTOTAL of Receipts This Page (optional)			550.00
\vdash	ODITION OF THE CEIPIS THIS FAGE (OPHORIAL)		······································	
T	OTAL This Period (last page this line number of	only)	>	. [

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/26		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any person			
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	Oklahoma State Medical Association P.	AC				
A.	Full Name (Last, First, Middle Initial) Charles Brekke, MD			Date of Receipt		
	Mailing Address 5501 Canaan Creek Rd			11 15 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7738		
	Edmond	OK	73034	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Radiology Consultants, In-	Occupation		OMPAC contribution		
	c. Receipt For:	physician	Year-to-Date ▼	_		
	Primary General	Aggregate		1		
	Other (specify) ▼		2000.00			
В.	Full Name (Last, First, Middle Initial) Ms. Blair Brockman			Date of Receipt		
	Mailing Address 3231 S. Utica			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.7702		
	Tulsa OK FEC ID number of contributing federal political committee.		74105	Amount of Each Receipt this Period		
				500.00		
	Name of Employer n/a	Occupation		contribuiton		
		homemal		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1		
	Other (specify) ▼	0 0	700.00			
<u> </u>	Full Name (Last, First, Middle Initial) Todd Brockman, MD			Date of Receipt		
	Mailing Address 3231 S. Utica			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.7703		
	Tulsa	OK	74105	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. Name of Employer Tulsa Ophthalmology Inc. Occupation physician			500.00		
				contribution		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		700.00			
s	UBTOTAL of Receipts This Page (optional)			2000.00		
 T	OTAL This Period (last page this line number o	nly)	······································			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 26	
ITEMIZED RECEIPTS		obb coparate confedence)		(check only one)
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An	v information copied from such Reports and Si	atements may	not be sold or used by any perso	
or	y information copied from such Reports and St for commercial purposes, other than using the	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	Oklahoma State Medical Association F	PAC		
Α.	Full Name (Last, First, Middle Initial) Douglas Brown, MD			Date of Receipt
	Mailing Address 1925 Mockingbird			11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.7674
	Enid	OK	73703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self	Occupation		contribution
	Receipt For:	physician	Year-to-Date ▼	
	Primary General	Aggregate	: Teal-to-Date ▼	7
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert C. Brown			Date of Receipt
	Mailing Address 6917 Avondale Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.7665
	Nichols Hills	OK	73116	Amount of Each Receipt this Period
	FEC ID number of contributing	C		150.00
	federal political committee.			
	Name of Employer	Occupation	1	contribution
	Plaza Medical Group	physician	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1150.00	
	,	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Dr. Robert C. Brown			Date of Receipt
	Mailing Address 6917 Avondale Court			1 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.7680
	Nichols Hills	OK	73116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			150.00
Name of Employer Plaza Medical Group Receipt For:		Occupation physician		contribution
			Year-to-Date ▼	
Primary General			1000.00	1
	Other (specify) ▼		1300.00	1
	UDTOTAL ALDER TO THE FOLIA OF THE			450.00
	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 26		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Ar	v information copied from such Reports and St	atements may	not be sold or used by any person			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	Oklahoma State Medical Association P	'AC				
A.				Date of Receipt		
	Mailing Address 2305 S. Columbia			11 15 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7747		
	Tulsa	OK	74114	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer ECI	Occupation physician		OMPAC contribution		
	Receipt For:		Year-to-Date ▼			
	Primary General		0000.00	1		
	Other (specify) ▼		2000.00	1		
В.	Full Name (Last, First, Middle Initial) Dr. Chris Carey			Date of Receipt		
	Mailing Address 4221 South Western St	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.7695		
	Oklahoma City	OK	73109	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Surgical Specialists of OK	Occupation physician		contribution		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mary Lou Casper			Date of Receipt		
	Mailing Address PO Box 20545			M M / D D / Y Y Y Y Y 1 Y 1 1 1 0 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.7669		
	Oklahoma City	OK	73156	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer n/a	Occupation homemal		contribution		
	Receipt For:		Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	300.00			
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\rangle	Oklahoma State Medical Association PAC					
۹.	Full Name (Last, First, Middle Initial) Robert Ellis, MD			Date of	Receipt	
	Mailing Address 6703 Avondale			м м 1 1	0 1	2006
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3.	Full Name (Last, First, Middle Initial) MD Mark Fogle			Date of	Receipt	
	Mailing Address 314 SE Camelot	м м 1 1	08	2006		
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Э.	Full Name (Last, First, Middle Initial) Josephine Freede			Date of	Receipt	
	Mailing Address 316 NW 39th St.			1 1	0 1	2006
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Full Name (Last, First, Middle Initial) B. Dr. Kimberly Hanigar			Date of Receipt	
Mailing Address 814 Madeline Dr.			10 23 2006	
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Full Name (Last, First, Middle Initial) C. James Henderson, MD			Date of Receipt	
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/	Oklahoma State Medical Association PA	С			
۹.	Full Name (Last, First, Middle Initial) James Hendrix, MD			Date of Receipt	
	Mailing Address 6112 Beaver Creek Rd.			10 23	
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3.	Full Name (Last, First, Middle Initial) Mason Jett, MD			Date of Receipt	
	Mailing Address 12508 Arrowhead Terr.	10 23			
	City	Zip Code	Transaction ID: S	A11A1.7660	
	Oklahoma City	73120	Amount of Each R	eceipt this Period	
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	<u>OK</u>	surgeon			
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 C.	Full Name (Last, First, Middle Initial) Douglas Kaplan, MD			Date of Receipt	
	Mailing Address 6515 Lenox Ave.			M M / D D D D D D D D D D D D D D D D D	
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	Full Name (Last, First, Middle Initial) Larry Kincheloe, MD			Date of Receipt			
	Mailing Address 3330 NW 56th, Ste. 300			111 01 2006			
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	Full Name (Last, First, Middle Initial) Dr. Douglas R. Koontz			Date of Receipt			
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	Full Name (Last, First, Middle Initial) MD Kim Kurvink			Date of Receipt			
	Mailing Address 1902 Swan Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/26
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIVIIZED REOLII 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Statements m	av not be sold or used by any perso	
or	for commercial purposes, other than using the name and a	ddress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	Oklahoma State Medical Association PAC		
\angle	E HALL OF A STANDARD STANDARD		
Α.	Full Name (Last, First, Middle Initial) Thomas Leckman, MD		Date of Receipt
	Mailing Address 505 NW Sheridan Rd.		M M / D D / Y Y Y Y
			11 01 2006
	City State	Zip Code	Transaction ID: SA11A1.7678
	<u>Lawton</u> OK	73505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		150.00
	federal political committee.		
	Name of Employer Occupati	on	contribution
	self physicia	ın	
		te Year-to-Date ▼	
	Primary General	300.00	
	Other (specify) ▼	1 1 1 1 1 1 1	J.
	Full Name (Last, First, Middle Initial)		
В.	MD Jay Leemaster		Date of Receipt
	Mailing Address 2922 McGee Dr.		M M / D D / Y Y Y Y
	City State	Zip Code	11 15 2006
	Norman OK	73072	Transaction ID: SA11A1.7745
		73072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
			OMPAC contribution
	Name of Employer Eye Care Oklahoma, Inc. Occupati		
	priysicia	te Year-to-Date ▼	_
	Primary General	ic real to bate V	1
	Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial)		Date of Bessiel
C.	Linda Leemaster Mailing Address 2922 McGee Dr.		Date of Receipt
	Mailing Address 2922 McGee Dr.		11 15 2006
	City State	Zip Code	Transaction ID: SA11A1.7744
	Norman OK	73072	Amount of Each Receipt this Period
	FEC ID number of contributing		500.00
	federal political committee.		300.00
	Name of Employer Occupati	on	OMPAC contribution
	Name of Employer Eye Care Oklahoma, Inc. Office N		
		te Year-to-Date ▼	
	Primary General	700.00	1
	Other (specify) ▼	700.00	1
6	UBTOTAL of Receipts This Page (optional)		1150.00
\vdash	ODI OTAL OF HOOOPED THIS Fage (Optional)		
۱,	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		16 / 26
	ITEMIZED RECEIPTS		or each category of the	(check only one)	¬
••			Detailed Summary Page	X 11a 11b 11c 15	12 16 17
Ar	ny information copied from such Reports and Stater	ments may	not be sold or used by any perso	n for the purpose of soliciting contri	butions
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions from such com	mittee.
	NAME OF COMMITTEE (In Full) Oklahoma State Medical Association PAC				
/	Oklahoma State Medical Association PAC	•			
Α.	Full Name (Last, First, Middle Initial) MD Charles Lester			Date of Receipt	
Α.	Mailing Address PO Box 678			⊣	YYY
				11 01	2006
	City	State	Zip Code	Transaction ID: SA11A1.7	
	Muskogee	OK	74402	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			1000.00
	colf	Occupation osychiatr		contribution	
		•	Year-to-Date ▼	+	
	Primary General		1500.00		
	Other (specify) ▼	0 0	1500.00		
В.	Full Name (Last, First, Middle Initial) James Mays, MD			Date of Receipt	
	Mailing Address 1201 S. Douglas				2006
	City	State	Zip Code	Transaction ID: SA11A1.7	741
	Midwest City	OK	73130	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer	Occupation	1	OMPAC contribution	
		hysician			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		1000.00		
_	1			'	
C.	Full Name (Last, First, Middle Initial) MD Kautilya Mehta			Date of Receipt	
	Mailing Address 608 NW 9th, Ste. 5204			M M / D D / Y Y	YYY
	0	0	7: 0 1		2006
	City Oklahoma City	State OK	Zip Code 73102	Transaction ID: SA11A1.7 Amount of Each Receipt this	
	FEC ID number of contributing		75102		
	federal political committee.	C		1	1000.00
Name of Employer Occupationself physicial		Occupation	1	OMPAC contribution	
		hysician			
		Aggregate	Year-to-Date ▼		
	Primary General		2000.00		
	Other (specify) 🔻	0 0			
s	UBTOTAL of Receipts This Page (optional)			2	200.00
	. 5 /		•		
T	OTAL This Period (last page this line number only))			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 26		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any ners			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	Oklahoma State Medical Association P	AC				
A.	Full Name (Last, First, Middle Initial) Noel Miller, MD			Date of Receipt		
	Mailing Address 201 N. 14th			111 15 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7742		
	Okemah	OK	74859	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer self	Occupation physician		OMPAC contribution		
	Receipt For:	1	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	300.00			
В.	Full Name (Last, First, Middle Initial) Kristen Morgan, MD			Date of Receipt		
	Mailing Address 301 N. Forest Ridge Blve.			M M / D D / Y Y Y Y Y 1 1 1 1 0 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.7698		
	Broken Arrow	OK	74014	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Warren Clinic	Occupation physician		contribution		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00	1		
	Other (specify) ▼	0 0	100.00			
C.	Full Name (Last, First, Middle Initial) MD Gary Paddack			Date of Receipt		
	Mailing Address 500 SE County Rd.			11 08 7 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7719		
	Ada	OK	74820	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. Name of Employer self C			500.00		
				contribution		
			Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1000.00			
	IJPTOTAL of Possints This Page (antique)			1150.00		
\vdash^{s}	UBTOTAL of Receipts This Page (optional)					
_	OTAL This Period (last page this line number o	onlv)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 26 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			, ,	13 14 15 16 17			
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	Oklahoma State Medical Association PA	AC.					
۹.	Full Name (Last, First, Middle Initial) W. Frank Phelps			Date of Receipt			
	Mailing Address 6903 E. 113th St. S.			11 01 7 2006			
	City	State	Zip Code	Transaction ID: SA11A1.7686			
	Bixby	OK	74008	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer retired	Occupation physician		contribution			
	Receipt For:	<u> </u>	e Year-to-Date ▼	7			
	Primary General Other (specify) ▼		400.00				
 3.	Full Name (Last, First, Middle Initial) Dr. Myrna Kirk Pontious			Date of Receipt			
	Mailing Address 2830 Wildwood Dr.			1 1 1 1 6 2 0 0 6			
	City State Zip Code			Transaction ID: SA11A1.7758			
	<u>Enid</u>	OK	73703	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		150.00			
	Name of Employer ECI	Occupation physician		OMPAC contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
	Full Name (Last, First, Middle Initial) Gary Rahe, MD			Date of Receipt			
	Mailing Address 13209 Cedar Spring Rd.			10 23 2006			
	City	State	Zip Code	Transaction ID: SA11A1.7661			
	Oklahoma City	OK	73120	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer OK Oncology & Hematology	Occupation physiciar		contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		350.00				
s	UBTOTAL of Receipts This Page (optional)			500.00			
			<u> </u>				
T	OTAL This Period (last page this line number or	nly)	>				

SCHEDULE A (FEC Form 3X)			Han amount out of the	FOR LINE NUMBER:	PAGE 19/26			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
!!	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12			
Δ	information and discount December and Obstant		and he had a second by a second second	13 14	15 16 17			
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciti solicit contributions from s	such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)							
\rangle	Oklahoma State Medical Association PAC	;						
۹.	Full Name (Last, First, Middle Initial) Tim Robison, MD			Date of Receipt				
	Mailing Address 200 S. 37th St.			11 08	2006			
	City	State	Zip Code	Transaction ID: SA	11A1.7755			
	Muskogee	OK	74401	Amount of Each Rec	ceipt this Period			
	FEC ID number of contributing federal political committee.	C			1000.00			
	retired ' '	Occupation surgeon	1	OMPAC contribution	on			
			Year-to-Date ▼					
	Primary General	33 -3		1				
	Other (specify) ▼	0 0	1000.00					
3.	Full Name (Last, First, Middle Initial) A.W. Rousseau, MD			Date of Receipt				
	Mailing Address 4205 McAuley Blvd., Ste. 4	10 23	2006					
	City State Zip Code			Transaction ID: SA	11A1.7659			
	Oklahoma City	OK	73120	Amount of Each Rec	ceipt this Period			
	FEC ID number of contributing federal political committee.	С			150.00			
	Name of Employer	Occupation	1	contribution				
	- 1	osychiatr						
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	300.00					
— C.	Full Name (Last, First, Middle Initial) Linda Ruefer			Date of Receipt				
	Mailing Address 15 Beckman Rd.			M M / D D D D D D D D D D D D D D D D D	2006			
	City	State	Zip Code	Transaction ID: SA	11A1.7752			
	Muskogee	OK	74401	Amount of Each Rec	ceipt this Period			
	FEC ID number of contributing federal political committee.	C			200.00			
	n/a · · · I	Occupation nomemal		OMPAC contribution	on			
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼					
	Primary General		400.00	1				
	Other (specify) ▼	0 0	400.00					
s	UBTOTAL of Receipts This Page (optional)				1350.00			
_	OTAL This Devied (last page this line purely as a line	١						
1	OTAL This Period (last page this line number only	,						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 26
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Oklahoma State Medical Association PA	С		
۹.	Full Name (Last, First, Middle Initial) Leslie Samara			Date of Receipt
	Mailing Address 1601 Bedford Dr.			1 1 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.7743
	Nichols Hills	OK	73116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer n/a	Occupation homemal		OMPAC contribution
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogalo		1
	Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Philip Self, MD			Date of Receipt
	Mailing Address 410 rth St. #G	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.7704
	Alva	OK	73717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	1	contribution
	self	physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
J.	John Siegle, MD Mailing Address 807 N. Monte Vista			Date of Receipt
				11 15 2006
	City	State	Zip Code	Transaction ID: SA11A1.7748
	<u>Ada</u>	OK	74820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer self	Occupation Physician		OMPAC contribution
	Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼		300.00	
S	UBTOTAL of Receipts This Page (optional)			500.00
	,		•	
T	OTAL This Period (last page this line number onl	ly))	

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 26					
			or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Dotalica Carifficary Fage	13 14 15 16 17				
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso					
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	Oklahoma State Medical Association PAC							
Α.	Full Name (Last, First, Middle Initial) MD Tim Smalley			Date of Receipt				
	Mailing Address 2418 Countryside Dr.			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.7646				
	Stillwater	OK	74074	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Warren Clinic	Occupation physician		contribution				
	-		Year-to-Date ▼	_				
	Primary General	Aggregate	Teal to Bate ¥					
	Other (specify)		500.00					
В.	Full Name (Last, First, Middle Initial) Bruce Stoesser, MD			Date of Receipt				
	Mailing Address 3107 E. 58th St.			10 23 7 9 9 9				
	City	State	Zip Code	Transaction ID: SA11A1.7657				
	Tulsa	OK	74105	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Urologist Specialists of	Occupation physician		contribution				
	<u> </u>	•	Year-to-Date ▼	_				
	Primary General	Aggregate	Teal to Bate ¥					
	Other (specify) ▼		400.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Eve Switzer			Date of Receipt				
U .				-				
	Mailing Address 505 W. Carrier Rd			11 08 2006				
	City	State	Zip Code	Transaction ID: SA11A1.7729				
	Enid	OK	73703	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		150.00				
	Name of Employer	Occupation	1	contribution				
	self physician							
			Year-to-Date ▼					
	Primary General	33 -9-110		1				
	Other (specify)		250.00					
		0 0	1 1 1 1 1 1 1	1				
	LIDTOTAL of Descripto This Descriptor D			550.00				
8	UBTOTAL of Receipts This Page (optional)							

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 26	
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Oklahoma State Medical Association P			
Α.	Full Name (Last, First, Middle Initial) MD Edward Taylor Mailing Address 4030 E. 80th St.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Tulsa	State OK	Zip Code 74136	Transaction ID: SA11A1.7732 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Warren Clinic	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) David Thomas, MD			Date of Receipt
	Mailing Address 6234 E. 99th St.			11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.7670
	Tulsa	OK	74137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) William Tinker, MD Mailing Address 2101 Mars Ct.			Date of Receipt
	City	State	Zip Code	1 1 1 5 2 0 0 6 Transaction ID: SA11A1.7734
	Bartlesville	OK	74006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Blugstem Cardiology	Occupation	ist	OMPAC contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 23 / 26			
•			Use separate schedule(s) or each category of the	(check only one)			
Ш	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12			
			, -	13 14 15 16 17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	Oklahoma State Medical Association P	AC					
A.	Full Name (Last, First, Middle Initial) Kimberly Tkach			Date of Receipt			
	Mailing Address 1721 Park Lawn Dr.			11 08 7 2006			
	City	State	Zip Code	Transaction ID: SA11A1.7723			
	Edmond	OK	73003	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		150.00			
	Name of Employer n/a	Occupation		contribution			
	Receipt For:		Year-to-Date ▼				
	Primary General	33 - 3		7			
	Other (specify) ▼		450.00				
В.	Full Name (Last, First, Middle Initial) Dr. William Truels			Date of Receipt			
	Mailing Address 5701 N. Portland, Suite 120			1 1 1 5 2 0 0 6			
	City	State	Transaction ID: SA11A1.7737				
	Oklahoma City	OK	73112	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer self	Occupation physician		OMPAC contribution			
	Receipt For:	<u> </u>	e Year-to-Date ▼				
	Primary General Other (specify) ▼	1 1	400.00				
_	Full Name (Last, First, Middle Initial) Kenneth Whittington, MD			Date of Receipt			
٥.	Mailing Address 2817 Dittmer Rd.			M M / D D / Y Y Y Y			
	Zory Dittiner ria.			10 02 2006			
	City	State	Zip Code	Transaction ID: SA11A1.7642			
	Oklahoma City	OK	73127	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Deaconess Hospital	Occupation VP Medic	n cal Affairs	contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		1000.00				
s	UBTOTAL of Receipts This Page (optional)			850.00			
\vdash	ago (optional)						
т	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address 1815 W. 6th St.

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Warren Clinic

Primary

Receipt For:

A. Robert C. Wright, MD

City

Stillwater

Oklahoma State Medical Association PAC

General

C

FOR LINE NUMBER: PAGE 24/26 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt 1.1 01 2006 Zip Code State Transaction ID: SA11A1.7671 OK 74074 Amount of Each Receipt this Period 200.00 contribution Occupation physician Aggregate Year-to-Date ▼

700.00

SUBTOTAL of Receipts This Page (optional)	•	200.00
TOTAL This Period (last page this line number only)	•	20550.00

Image# 26930675965

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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE	25 / 26	;
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl		24 🔲	25 Г	⊐ 26
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	Oklahoma State Medical Association PAC						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB2	22.7762		
۹.	Oklahoma State Medical Association PAC	Date of Disbursement					
	Mailing Address PO Box 54520			111 / 27	/ Y Y 2	0 0 6	
	City	State Zip Code		Amount of Each Disb	oursement	this Pe	eriod
	Oklahoma City	OK 73154					
	Purpose of Disbursement Transfer to State PAC				519	621.60)
	Candidate Name		Category/				
			Туре				
		ement For:					
	Senate	Primary General					
	President	Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	519621.60
TOTAL This Period (last page this line number only)	<u> </u>	519621.60

Image# 26930675966

Form/Schedule: **SB22** Transfer for nonfederal activity over approximately three years. Transaction ID: **SB22.7762**